

# Project Concern International

## SOLUCION TB

Strengthening *Observed therapy Linking Up*  
Community-based *Integrated Outreach Networks* for  
*TB* control

Tijuana and Mexicali, Baja California, Mexico



Annual Report, Year 1

Submitted November 14, 2005

Cooperative Agreement No. GHS-A-00-04-00013-00

October 2004-September 2008

Report prepared by:

Blanca Lomeli, Regional Director for U.S.-Mexico Border Programs

Janine Schooley, VP for Technical Services & Program Development

Erandi Salgado, Regional Desk Officer



## **Acronyms**

BC	Baja California
CSHGP	Child Survival and Health Grants Program
DOT	Directly Observed Therapy
DIP	Detailed Implementation Plan
EPI-TB	National TB Registry in Mexico
FY	Fiscal Year
IO	International Office
IR	Intermediate Result
ISESALUD	Instituto de Servicios de Salud en el Estado de Baja California
I-STAR	Integrated System for Transformational Assessment and Results
LLR	Lower Level Result
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non Governmental Organization
NPTB	New Pulmonary TB Patient
NTBP	National TB Program
PCI	Project Concern International
PLWHA	People Living with HIV/AIDS
QIVC	Quality Improvement Verification Checklist
SO	Strategic Objective
SOLUCION TB	Strengthening Observed therapy Linking Up Community-based Integrated Outreach Networks for TB control
SOW	Scope of Work
TB	Tuberculosis
USAID	United States Agency for International Development

## **Table of Contents**

<b>Executive Summary</b>	<b>4</b>
<b>Summary of Year One Activities</b>	<b>5</b>
<b>Project Accomplishments and Lessons Learned</b>	<b>7</b>
<b>Program Monitoring and Evaluation</b>	<b>17</b>
<b>Management System</b>	<b>22</b>
<b>Conclusion</b>	<b>22</b>
<b>Attachments</b>	
<b>Attachment A: CSHGP Project Data Form</b>	
<b>Attachment B: Survey Results Report</b>	
<b>Attachment C: Timeline of Activities for FY06</b>	

## I. Executive Summary

The following is the first annual report for the SOLUCION TB (Strengthening Observed therapy Linking Up Community-based Integrated Outreach Networks for TB control) project, implemented in partnership by Project Concern International (PCI) and its primary implementing partner, ISESALUD (*Instituto de Servicios de Salud en el Estado de Baja California*), the public sector health service, in the municipalities of Tijuana (population 1,619,655) and Mexicali (population 887,128), Baja California (BC), Mexico. Preliminary data from ISESALUD for the second semester of 2004 indicate that the treatment success rate for new pulmonary TB cases in BC is estimated at 61 percent in the municipalities of Tijuana and Mexicali. The Ministry of Health (MOH) reports that in BC, there were approximately 1,200 cases of TB, of which approximately 200 died from the disease, in 2004.

The goal of the SOLUCION TB project is to decrease TB morbidity and mortality by expanding implementation of community-based efforts, and achieving treatment success rates of 85 percent in these two municipalities of northwest Mexico, which together contribute over 80 percent of TB cases in BC. The project's Strategic Objective (SO) is: To increase TB treatment success rates and influence national TB efforts by developing and implementing a SOLUCION TB strategy of using *promotoras/es* and Directly Observed Therapy (DOTS) health workers. Contributing to the SO are three Intermediate Results (IRs). IR1: The "SOLUCION TB" model implemented in the departments of Mexicali and Tijuana in Baja California; IR2: Political commitment for national and state TB control program improved and sustained; and IR3: Quality utilization of TB DOTS components of local medical school curriculum increased.

The project has established a close partnership with the USAID mission in Mexico, in particular with Molly Lindner, Health Program Manager. Ms. Lindner has participated in key project meetings, the design of the Detailed Implementation Plan (DIP) design, and the DIP presentation at the Child Survival and Health Grants Program (CSHGP) "mini-university" event. PCI is also in regular communication with her through electronic updates. Face to face meetings with TB managers have also taken place with Ms. Lindner. SOLUCION TB's core Management Team consists of PCI and ISESALUD managers and coordinators who oversee project implementation and operation. A group of 39 Community Health Workers complement the SOLUCION TB team in the field, providing direct services to TB patients. SOLUCION TB has enjoyed the full support of ISESALUD's leadership in BC.

During the first year of project implementation, SOLUCION TB has: a) Recruited, trained and deployed a team of DOT field workers in Mexicali and Tijuana; b) Established a coordinated, motivated and committed management team formed by PCI and ISESALUD members; c) Established/coordinated and developed key project elements; d) Established the DIP, work plan, and internal communication/coordination systems; e) Signed a Memorandum of Understanding (MOU) between PCI and ISESALUD; f) Developed the project data-base to assess adherence and health worker performance; g) Improved internal communication and awareness processes amongst ISESALUD staff who are not directly involved but are closely related to the SOLUCION TB project (medical unit directors, nurses and other staff). This first year has also served to strengthen project design elements and key relationships and thereby increase the

likelihood of success.

No substantial changes have been made to the program description and the DIP that require a modification to the Cooperative Agreement. In addition, PCI has responded to all of the information requested during the DIP consultation in the June 2005 submission of the DIP.

## II. Summary of Year One Activities

The SOLUCION TB Management Team and PCI's International Office (IO) coordinated/implemented the following key activities:

DIP preparation and submission including:

- Core staff, governmental personnel, and other key stakeholders orientated and commitment to the project secured;
- Decisions made regarding project administration and logistics for administering project activities from Tijuana and Mexicali offices;
- Recruitment and training of project *promotoras/es* (including orientation to the project and co-infection issues);
- Negotiations regarding the MOU, especially regarding the phased-in approach to incorporating some of the *promotoras/es* into the ISESALUD structure;
- Discussions and decisions made regarding payment structure for the *promotoras/es*;
- Discussions and decisions made regarding criteria for inclusion of patients into project;
- The development of a Quality Improvement Manual;
- Ongoing coordination and communication with USAID/Mexico City's TB Coordinator, as well as with key ISESALUD staff;
- Actual DIP preparation and revisions.
- Coordination with ISESALUD on final DIP presentation and submission in June 2005 at the "mini-university", including development of a summary power point presentation.

Key project activities since DIP submission:

- Adapted the Integrated System for Transformational Assessment and Results (I-STAR) capacity assessment tools and facilitated an assessment and prioritization of capacity-building activities, including an assessment of participants' perspective of project's progress (September);
- Determined appropriate baseline values in each of the sustainability framework dimensions (August);
- Met with key stakeholders from ISESALUD to officially present the qualitative data and revised project plans, solicit their input on these plans, and incorporate their suggestions into the DIP presentation (June);
- Facilitated first 'quality circle' process with community-based staff in Mexicali and Tijuana (July);
- Adapted and designed informational materials to support education and awareness (September);

- Conducted second joint meeting with *promotoras/es* from Tijuana and Mexicali to offer technical refresher training; training in Appreciative Inquiry to increase motivation and improve communication, and assess *promotoras/es*' perspective on progress to date (September);
- Carried out first presentation/meeting with private physicians in Tijuana; set up follow-up meeting in Tijuana (November 2, 2005) and first presentation in Mexicali (October 25, 2005);
- Conducted additional qualitative research with at-risk populations (rehabilitation centers) to further explore adherence factors. Analysis is in progress (September);
- Quarterly Management Team meetings held as planned (completed for the year);
- Facilitated team's year-end reflection process and incorporated results into annual report (October);
- Procured and delivered equipment (backpacks, pill cases, pill cutters, paper cones, water bottles, t-shirts and caps for health worker) to support project implementation computers, computer case, printers, digital camera (May-September);
- Translated work plan and developed summary power point presentation in Spanish. Shared with and distributed copies to Management Team (July and September).

In addition, PCI's main implementing partner, ISESALUD, carried out the following key activities during the last half of Year One:

- Issued and provided *promotoras/es* with picture identification cards to facilitate community work (August);
- Enrolled SOLUCION TB *promotoras/es* in its '*Seguro Popular*' (People's Insurance) program, free of charge (September);
- Coordinated installation of phone lines/extensions for key management staff to facilitate communication with project staff (August-September);
- Coordinated development of project's internal data-base for assessment of treatment adherence (September);
- Coordinated logistics for patients' assignment and distributed to *promotoras/es* accordingly (May-September);
- Informed medical clinics' staff about the SOLUCION TB project and the role of the *promotoras/es* (May-September);
- Facilitated attendance of key ISESALUD staff at coordination, management and training events (ongoing);
- Developed and presented technical TB update presentation to be utilized in meetings with clinical staff (physicians and nurses) (August-September);
- Assisted with coordination of presentation for physicians in Tijuana and Mexicali; made technical presentation for physicians in Tijuana (September);
- Made initial contact with universities to be involved in the project (July-August);
- Coordinated logistics for qualitative research study to further assess adherence factors for TB patients in Tijuana (August-September);
- Assigned 20-30 percent of state and jurisdictional managers' time to the project (ongoing).

### III. Project Accomplishments and Lessons Learned

The project supports ISESALUD's goals for TB control by strengthening three areas of greatest need in their TB control program in BC: lack of sufficient trained human resources for service delivery, lack of communication infrastructure, and insufficient number of lab technicians. Through this partnership, the project is directly addressing four of the five components of the DOTS strategy: (1) Sustained political commitment; (2) Access to quality-assured TB sputum microscopy; (3) Standardized short-course chemotherapy to all cases of TB under proper case management conditions, including direct observation of treatment; (4) Uninterrupted supply of quality-assured drugs by ensuring that DOTS *promotora/es* provide an on-going supply; and (5) Recording and reporting system enabling outcome assessment. ISESALUD in BC is working with the National TB Program (NTBP) to address the other key component of the strategy: maintain an uninterrupted supply of quality-assured anti-TB drugs. The project builds on past and current successful collaboration projects between PCI and ISESALUD for the control and prevention of TB in the region.

Following is a summary of the main accomplishments of the project to date, by objective and expected result, including a description of factors that contributed to achieving these accomplishments. Barriers are listed as appropriate.

**Strategic Objective (SO): To Increase TB Treatment Success Rates and Influence National TB Efforts by Developing and Implementing a SOLUCION TB Strategy of Directly Observed Treatment Short Course (DOTS) using *Promotora/es* and DOTS Health Workers**

**IRI: The "SOLUCION TB" Model Implemented in the Departments of Mexicali and Tijuana in Baja California**

#### **LLR1.1: Community-Based "Promotora/es System" to Increase DOT for TB Patients Improved and Expanded**

<b>Expected</b>	<b>Status</b>	<b>Facilitators</b>	<b>Barriers</b>	<b>Comments</b>
Recruitment and training of 39 health workers.	Completed.	PCI had an existing cadre of experienced health workers. ISESALUD had access to others.	Needs are slightly different in Mexicali and Tijuana. Agreeing on actual SOW required facilitation and clarification.	All running smoothly now.
Deployment of <i>promotoras/es</i> .	Completed.	Prior experience in TB collaboration helped expedite	Lack of awareness of some medical clinics required	Updates/information for physicians from participating clinics and those outside

		learning curve.	more time to clarify role of <i>promotoras/es</i> for TB project.	the project scope to be conducted yearly.
Development of training program.	Completed; ISESALUD contributed technical content and trainers. PCI contributed communication and social aspects of health.	Each agency utilized its expertise and experience.	None	Training sessions on TB, communication, quality, gender and motivation for <i>promotoras/es</i> were conducted in Year One.
Assignment of patients.	In progress; each <i>promotora</i> is to be assigned 5 new PTB patients. Some do not have 5 or do not have 5 that are pulmonary.	Lessons learned from prior experience helped facilitate this process. Personnel who had participated before are part of the current project.	At first, not enough 'new' pulmonary TB cases were available to have 5 assigned to each <i>promotora</i> .	As project progresses, availability of NPTB patients will increase.

### Recruitment, Training and Deployment of *Promotora/es* and DOTS Workers

In coordination with ISESALUD's TB control program, project staff coordinated technical and social training for participant *promotoras/es*. Training quality contributed to maintaining high motivation of the team. *Promotoras/es* appreciate access to technical, capacity building, communication and social learning opportunities. It is an aspect of the project that is much appreciated as they point out repeatedly.

Initial training took place in Tijuana and Mexicali separately. Following one training on the curriculum, ISESALUD staff carried out two-day training sessions in each site. Training included epidemiological, technical, laboratory, reporting and treatment aspects of TB control and prevention as they relate to the role of the *promotoras/es* and DOTS workers. PCI coordinated curricula development for gender, inter-personal communication and motivation trainings that followed. Staff from PCI and ISESALUD were always present in all trainings to support each other and collaborate on this important, formative aspect of the program.

### The Role of the *Promotoras/es*

An aspect of the project that required more time to clarify than expected was the actual role of the *promotora/es*. Initial misconceptions or lack of clarification on behalf of the *promotoras/es* themselves, and then on behalf of clinics' staff, were noted and corrected through repeated dialogue, site visits and proactive communication. In some cases *promotoras/es* that had prior



experience with ISESALUD in other non-TB areas, or different roles within the program, were expecting to carry out additional activities outside the agreed upon ‘intervention’ (correct and effective interaction with patient for DOT). In other cases, clinic staff made initial attempts to recruit *promotoras/es* to assist and support other non-TB programs, which although important, fall outside the scope of SOLUCION TB. These aspects were detected by ISESALUD managers early on, and adequately addressed. Early communication in management meetings helped share lessons and agree on standardized approaches to solving them. Scopes of work were drafted and shared with *promotoras/es* and managers to help in clarifying roles and expectations.

### Assignment of Patients

ISESALUD and PCI staff determined that new TB cases (per ISESALUD definitions) will be the key target group for the SOLUCION TB project. The number of patients to be assigned to each *promotora* is five each per semester. During the first year of SOLUCION TB, a total of 131 patients have been assigned to the 34 *promotoras/es* supervising patients, either at home or at health clinics.

A majority of these patients are new pulmonary TB cases. A small portion are either not new cases (re-treatment) or non-pulmonary TB cases. When there is a critical TB patient that requires home visits and a SOLUCION TB *promotora* lives in the area, they are assigned those patients. When TB patients who are supervised at the clinic are not pulmonary or not ‘new’ cases, they are still served by the SOLUCION TB *promotora* if they are assigned to that clinic. Not doing so would have negative consequences.

SOLUCION TB *promotoras/es* and DOTS workers are assigned to a specific health clinic by the corresponding jurisdiction (Tijuana or Mexicali). Some of the DOT *promotora/es* attend patients’ homes to carry out DOT, and others divide their time between an assigned clinic and the patients’ home. The idea in both cases is to promote attendance at the clinic as much as possible in order to strengthen ISESALUD’s TB services and diminish the likelihood of creating dependency on an outside project. Participating clinics were chosen at the jurisdictional level by the ISESALUD jurisdiction-level manager according to the volume of TB patients they manage, level of need and ‘readiness’ (willingness to participate, among others) of the clinic. Home-based patients are selected according to the level of need and assigned to *promotoras/es* according to their geographic location (ideally, closer distance between *promotoras*’ and patients’ homes, and/or between *promotoras*’ home and ‘central’ clinic attended by patients).

The SOLUCION TB project seeks to enroll a total of 340 patients in its second year of implementation beginning October 1, 2005, with a geographic distribution of approximately 65 percent from Tijuana and 35 percent from Mexicali to reflect the distribution of TB cases within the region.

### LLR 1.2: Effective Strategies for Reaching Marginalized, High-Risk Target Groups (PLWHAs, Substance Abusers) Developed and Implemented

Expected	Status	Facilitators	Barriers	Comments
Needs assessment	Completed. One study in	ISESALUD was key in organizing and	Difficult to coordinate meeting	Additional study from

study to explore providers' perception of needs.	June 05; second study in progress.	recruiting health providers to attend group discussion and key informant interviews.	with physicians (TJ physicians not contacted). Insufficient info regarding adherence obtained in first study.	patient's perspective in progress.
One intervention design to be completed	Intervention design completed. As stated in final DIP, it changed to incentives-based process (described in narrative below).	Direct contact with jurisdiction-level TB managers helped improve project design. The final design is based on incentives to improve adherence and management at rehab centers.	No barriers to report on intervention design.	NGO (rehab centers) to be contacted in Oct-Nov 05.

Two vulnerable and at-risk groups have been selected by project staff to receive specialized services to ensure access to medication under the DOT strategy: substance abusers in rehabilitation, and people living with HIV/AIDS (PLWHA). An estimated 10-20 patients per group per year will be followed up closely in Year two of project implementation.

An incentives-based system will provide participating rehabilitation centers with food supplements to be used to improve patients' nutrition as well as serve as an incentive for participating members. Each center will receive four food-baskets per month, per patient served. Centers will be responsible for transporting patients to attend monthly medical visits. Center staff will be supported by ISESALUD's health workers who will conduct DOT services at the centers.

### LLR 1.3: Capacity of Laboratories to Conduct Procedures Improved

Expected	Status	Facilitators	Barriers	Comments
Selection, training and deployment of two lab technicians by end of year one.	In progress. Due to increased availability of resources at ISESALUD, one technician instead of two will be hired.	Lab technician no longer required to travel to Mexico City for training.	None.	ISESALUD has, through its own resources, increased # of technicians; therefore one instead of two will need to be hired through SOLUCION TB.

Currently, a total of seven lab technicians are available to conduct smear sample readings at ISESALUD in Mexicali and Tijuana. These technicians perform an average of 20 readings each

day. Five more technicians are being hired by ISESALUD, outside of the SOLUCION TB project. The project will therefore support the hiring, training and deployment of one technician in Tecate (Tijuana Jurisdiction) to enhance service delivery and improve TB control.

#### **LLR1.4: Organizational Information and Communication Systems for DOTS Improved and Expanded**

<b>Expected</b>	<b>Status</b>	<b>Facilitators</b>	<b>Barriers</b>	<b>Comments</b>
Two phone lines or extensions established; internet access available to project managers.	Completed.	ISESALUD provided lines within own communication structure. Access to internet was also provided by ISESALUD.	The process took longer than expected due to internal norms within the ISESALUD system.	Communication between management team improved as access to computers, phone extensions and internet became available.
Computer for database delivered and available.	Completed.	Computer for database delivered. (Database developed by State level staff in ISESALUD as part of SOLUCION TB).	None.	Operational documentation and follow-up has improved, improving quality of data.
Three vehicles for supervision.	One vehicle donated.	PCI obtained one donated vehicle through a private source. Donated to ISESALUD (assigned to Mexicali jurisdiction).	Originally budget had included five used vehicles. Regulations did not allow the purchase of vehicles for the project.	PCI will continue to seek private donations of vehicles to support supervision.
Site visits for supervision.	Not completed.	None.	Agreements on mechanism not completed yet; Insufficient availability of time, and other resources.	Project staff discussed the need to activate project supervision plans. To begin in October 2005 (FY06).
Computer and printers for coordinators	Completed.	Computer equipment included in SOLUCION TB budget.	None.	Access to two laptops (Mexicali jurisdiction and

delivered and available.				state) and one desktop (Tijuana) improved communication and management.
--------------------------	--	--	--	---

An effective communication and information system is crucial for effective management and adequate supervision leading to increased control and prevention of TB. During the first year of project implementation, a new process for administrative follow-up of TB patients control became available. One health worker is assigned at the State level to review reports and documents to ensure adequate documentation and follow-up. This 'documentation' health worker detects potential duplication of information early-on, inputs data into National TB Registry in Mexico (EPI-TB) as needed, and immediately communicates this type of information to the State-level manager at ISESALUD for action and decision-making. A SOLUCION TB data-entering administrative person is also assigned at the State level to enter data into EPI-TB and the SOLUCION TB database.

Management of a project and its related activities, especially when a project is new and such close collaboration and partnership between two independent institutions (PCI and ISESALUD) are required, calls for a very clear understanding of roles and responsibilities, flexibility, and the willingness and ability to adapt, respond and react accordingly. Access to email and computers for day-to-day work related to SOLUCION TB and patients' management is key to adequately carrying out related responsibilities. Having provided ISESALUD managers with computers and printers and having ISESALUD include them in their communication system, as well as providing them with access to phone extensions and access to internet, has facilitated communication within the project. Decisions on management issues are discussed and shared via email, questions on project design get clarified, and communication in general is kept up to date and accessible, all leading to more effective and collaborative program implementation.

### **Clarification of Roles and Responsibilities**

Achieving clarity on the limits of involvement and responsibilities is also crucial. ISESALUD managers assign about 20-30 percent of their time to the SOLUCION TB project. A difficulty arises during document preparation or other activities that require increased involvement as this may directly compete with other scheduled duties and responsibilities. Orienting other ISESALUD staff directly and indirectly related to the project is also very important in order to ensure a smooth 'transition' into this new collaborative (SOLUCION TB). At the beginning of the project, the Management Team discussed the need to notify clinic and health unit staff of the role of the new health workers (SOLUCION TB *promotoras/es*) and clarify any potential misunderstandings that would arise. A first meeting after the grant was awarded was held with jurisdictional chiefs and key project managers in December 2004. Individual meetings with clinic staff to be involved in the project were held by jurisdictional managers in early 2005. In spite of this early announcement and notification, further clarification was needed at the beginning of the *promotoras/es*' assignments. Challenges such as emerging medical needs at clinics which would have benefited from availability of additional staff were posed to project

managers from ISESALUD early on. This provided further opportunities to clarify roles and limitations of SOLUCION TB staff.

Supervisory roles are shared between PCI and ISESALUD, the former overseeing administrative issues related to the project and the latter taking care of technical and medical aspects of TB control and prevention. Technical skills and abilities from both agencies' staff are complementary and, as such, are put to the best use in support of the project's goals.

### Management Meetings

In order to properly address communication issues, work on detailed implementation planning, share lessons learned and address any critical incidents, the Management Team formed by ISESALUD state and jurisdictional level managers, as well as PCI's Project Director and coordinators, met approximately every two months throughout Year One of project implementation. Clarification for roles and limits, upcoming activities, decision-making processes, joint planning of upcoming project activities and other related communication issues were addressed during management meetings. Frequent, weekly or bi-weekly communication via email also facilitates communication and common understanding. By the end of the first year, the project's Management Team had become a very cohesive, motivated unit capable of open and transparent communication to facilitate ongoing project implementation and planning.

Supervision of DOTS workers and identification of treatment failure or abandonment needs to be carefully coordinated and documented. A supervisory checklist has thus been drafted by the Management Team and supervisory visits will begin in earnest by the first quarter of FY06. The *SOLUCION TB* project secured one donated vehicle to be used for project implementation and supervision in Mexicali. PCI is trying to acquire additional vehicle donations to enhance implementation and supervision for the project.

Joint site visits have not been conducted as planned in Year One. Project staff were overwhelmed by other key aspects of *SOLUCION TB* implementation that required longer time to be communicated and agreed upon. As the experience of implementing this inter-agency collaboration process unfolds, we are learning that more time is required for agreements than expected. This is in part due to the newness of some of these joint activities. Deciding, for example, whether or not a PCI staff member would be able to visit and observe *SOLUCION TB promotoras* within a clinic setting, among other issues, required more negotiation time than expected.

## **IR2: Political Commitment for National and State TB Control Programs Improved and Sustained**

### **LLR 2.1: SOLUCION TB Model Approaches, Tools and Results Documented and Effectively Shared**

<b>Expected</b>	<b>Status</b>	<b>Facilitators</b>	<b>Barriers</b>	<b>Comments</b>
SOLUCION TB brochure produced.	Completed.	Content of brochure discussed via email and finalized at last	None.	Educational and promotional brochure to be

		management meeting of the year.		used during promotional activities.
Two presentations for private physicians held.	One presentation for private physicians held in Tijuana (two more scheduled for early FY06).	ISESALUD staff existing contacts with private physicians facilitated contacts and promotion of event.	Scheduling of presentations required more time than expected.	First presentation with emphasis on DOT was well received.

Effective strategies, tools, results, lessons learned, and promising practices will be documented and proactively shared with a wide variety of stakeholders and potential future implementers. This area of SOLUCION TB will be more emphasized by the second half of Year 2, as more results and lessons from this 4-year project become available and are documented. A power point presentation describing the project's main elements and objectives has been developed and is currently being used during presentations on the subject.

*Promotoras/es* and staff from Mexicali and Tijuana are meeting monthly or bi-monthly at each jurisdiction. Joint meetings from both groups take place twice a year in the form of '*encuentros*'. *Encuentros* are used as an opportunity to discuss progress of project activities, exchange information and share relevant experiences and training. These meetings include a brief technical update on a subject (communication, Appreciative Inquiry, etc.) and time for joint sharing.

Key to the success of the project is the sense of ownership and strong commitment on the part of project staff and partners. Regular meetings and open communication ensures team building and re-emphasizes the project's goals and mission. *Promotoras/es* continue to be committed to a patient-centered design and share examples of success stories and difficulties with each other as appropriate.

## LLR 2.2: Dialogue about Improving TB Policy Increased

Expected	Status	Facilitators	Barriers	Comments
To be conducted from years two on.	N/A	N/A	N/A	To be conducted in years 2-4.
Meetings with new director of health services held.	Completed	New director of health services at ISESALUD named during Year 1. SOLUCION TB project presented.	None.	Director expressed his support for the project.
Preliminary discussions	Completed.	Management staff and <i>promotoras/es</i>	None.	None.

on policy dialogue carried out.		discussed the importance of political dialogue to promote and support DOT.		
---------------------------------	--	--	--	--

In addition to advocacy work at the community and civil society levels, the project will focus attention on facilitating and participating in ongoing policy dialogue with decision- and policy-makers at local, state, and national levels. The project seeks to strengthen its implementation model prior to expanded promotion and policy dialogue. This activity will be fully implemented in years 2, 3 and 4.

### **IR3: Quality Utilization of TB DOTS Components of Existing Local Medical School Curriculum Increased**

**LLR 3.1: Increased participation of medical school faculty in SOLUCION TB events**

**LLR 3.2: Number of students participating in hands-on DOTS field work increased**

Expected	Status	Facilitators	Barriers	Comments
One presentation to medical faculty.	In progress.	ISESALUD members are part of the participating universities' faculty.	Other project activities were prioritized in Year One.	Preliminary conversations were held with university representatives by ISESALUD management team members.
Presentation to medical students.	Not completed.			Will be programmed in year two.

ISESALUD and PCI have established collaboration mechanisms with two key medical schools in Tijuana and Mexicali. Preliminary conversations with Dr. Hurtado (Xochicalco) and Dr. Estrada (from the University of Baja California in Mexicali) have taken place. These conversations were held by SOLUCION TB's ISESALUD Management Team members. Additional conversations and scheduling of meetings with faculty and students need to take place and are planned for the first quarter of Year two. Dialogue thus far has centered around seeking to emphasize and strengthen the teaching of DOT in 3-5 classes for medical students (Public Health, Infectious Diseases, Pediatrics and Community Health). After the conversation with the school directors, plans will be coordinated with respective teachers to strengthen the emphasis on DOT, the Ministry of Health's corresponding technical norms, as well as potential field assignments for a select group of students.

Another activity that was agreed upon by the management team is for the SOLUCION TB project and DOT mechanisms to be emphasized during students' last year of training. Students are required to provide a year of 'social service' in vulnerable communities. Prior to the deployment of these new physicians and throughout this year of service, regular interactions and technical update sessions are organized by ISESALUD. One of these sessions will be used for SOLUCION TB's presentation and DOT training during years 2, 3 and 4. Emphasizing the importance of DOT, and related reporting and referral mechanisms, will help physicians stay updated and adequately respond to TB needs during their future private practice years.

### Potential for Building the Capacity of ISESALUD and PCI Staff

Expected	Status	Facilitators	Barriers	Comments
Two <i>promotoras/es</i> meetings for SOLUCION TB team.	Completed (meetings in May and September)	Motivated team of <i>promotoras/es</i> .	None, although it is important to adequately coordinate with patients to ensure DOT coverage.	Very well received by <i>promotoras/es</i> .
Five management meetings.	Completed (approx. one every two months).	Willingness and commitment of team members.	None, although scheduling requires time given already demanding jobs and responsibilities of team members.	With each management meeting, team's cohesion has increased. Open communication lines have been established.
Regular bi-weekly communication as needed	Completed/in progress.	Improved after phone extensions and internet were made available to management team members from ISESALUD.	Access to internet and phone extensions took longer to install than expected.	Staff available via internet or phone
World TB day events.	Completed.	PCI team supported and attended ISESALUD-organized events	Initial clarification on media contacting roles needed.	Roles are clarified now.
Three IO staff updated and attending World TB day events.	Completed. Three individuals attended.	Opportunity came up in San Diego.	None.	Better awareness of TB control.
Institutional awareness; information shared with	Completed. Shared information on World TB Day	PCI Global Leadership Team meetings scheduled on a regular basis	None.	Awareness on global and regional TB issues



other PCI field offices.	(March) and GLT meeting (May).	(every 9 months on average). Political commitment from PCI facilitated inclusion.		increased.
--------------------------	--------------------------------	---	--	------------

The project seeks to improve quality of services and involvement of NGOs in TB programming, from a community-based perspective. PCI and ISESALUD therefore plans to begin closer collaboration with two NGO partners who deal with substance abuse and HIV/AIDS patients in the coming year.

## IV. Program Monitoring and Evaluation

### *SOLUCION TB Cohorts*

Annual in-depth project reviews will determine the extent to which PCI and partners are progressing. This first annual review involved primarily staff from PCI and ISESALUD. ISESALUD staff expects to have the first SOLUCION TB cohort information by early 2007 as a full year of data for cohort(s) for this project will be available by the end of 2006. Cohort analysis will be conducted to ensure that the project remains on track and that successful approaches are replicated. preliminary cohort information from ISESALUD Non-SOLUCION TB patients (first cohort described below) for the last semester of 2004 is reported at 61<sup>1</sup>% (treatment success rate).

Patients are assigned to one of the following cohorts:

Cohort	Data Source	Indicator	Definition
Pulmonary TB patients <b>not participating</b> in SOLUCION TB DOTS	EPI-TB	Treatment Success Rate	Numerator: Number of new smear-positive TB cases registered in 6 month time period who were not in the SOLUCION TB program that were cured, plus the number that completed treatment. Denominator: Total number of new smear-positive pulmonary TB cases diagnosed in defined 6 month period who were not in the SOLUCION TB program
Pulmonary TB patients participating in SOLUCION TB DOTS who are living with HIV/AIDS	EPI-TB; SOLUCION TB patient records	Treatment Success Rate	Numerator: Number of new smear-positive TB cases registered in 6 month time period who were in the SOLUCION TB HIV/AIDS intervention that were cured, plus the number that completed treatment. Denominator: Total number of new smear-positive pulmonary TB cases diagnosed in defined 6 month period who were in the SOLUCION TB HIV/AIDS intervention.

<sup>1</sup> Source: Dr. Guadalupe Felix, October 2005.

Pulmonary TB patients participating in SOLUCION TB DOTS and in re-habilitation for substance abuse	EPI-TB; SOLUCION TB patient records	Treatment Success Rate	Numerator: Number of new smear-positive TB cases registered in 6 month time period who were in the SOLUCION TB intervention and in re-habilitation for substance abuse. Denominator: Total number of new smear-positive pulmonary TB cases diagnosed in defined 6 month period who were in the SOLUCION TB intervention and in re-habilitation for substance abuse.
Pulmonary TB <b>patients participating</b> in SOLUCION TB DOTS who are not in one of the two high-risk target groups	EPI-TB; SOLUCION TB patient records	Treatment Success Rate	Numerator: Number of new smear-positive TB cases registered in 6 month time period who were in the SOLUCION TB program but not in one of the high risk groups that were cured, plus the number that completed treatment. Denominator: Total number of new smear-positive pulmonary TB cases diagnosed in defined 6 month period who were in the SOLUCION TB program but not in one of the high risk groups.

### ***Current Information Systems and Data Integration***

For ongoing program monitoring and periodic evaluations, *SOLUCION TB* is informed by existing health information systems in the region through ISESALUD management. ISESALUD has established TB patient tracking systems that coordinate with the laboratory systems EPI-TB. EPI-TB tracks cohort information for all TB patients (new cases, pulmonary, non pulmonary and co-infected patients). The tracking systems use a TB patient treatment card for overseeing treatment schedules, and a TB registry to monitor all TB patients through their full treatment cycle and follow-up testing.

### ***Data Collection***

*Promotoras/es* and DOTS workers fill out weekly reports that feed into monthly registries at clinic and jurisdictional levels. Clinic information feeds jurisdictional reports that are sent to the state level for input into the EPI-TB system. The EPI-TB system is a national system that compiles information from all states.

The SOLUCION TB project is tapping into ISESALUD's EPI-TB system through state level coordination and requests made by the state TB coordinator to the epidemiology department at state level. Additionally, a state level database was recently created by ISESALUD, as part of SOLUCION TB, to collect information on patients' adherence to treatment and to assess *promotoras/es*' performance regarding DOT. Reports will be produced monthly and analyzed by the Management Team at the corresponding jurisdiction for information and action as appropriate.

The database designed and managed by ISESALUD tracks the number of visits per specific time period for each patient enrolled in the cohorts. Patients' adherence is classified as 'excellent', 'satisfactory' or 'not satisfactory' (preliminary classification). Monthly reports will allow project managers to assess patients' progress as well as promoter/a performance for immediate follow up. The design of the database was recently completed and is currently undergoing testing to ensure accuracy, usability and utility.

### ***Quality Assessment***

The project plans to conduct site visits for direct supervision of promotora/es home visits to assess, ensure and promote quality of care. A Quality Improvement Verification Checklist (QIVC) for home visits was designed and will be used when supervisory site visits begin during the first quarter of Year 2. Monthly supervisory visits will be carried out for approximately 20% of the promotora/es each month. A sample of promotora/es will be selected randomly each month. The plan was to begin site visits during the last quarter of Year One, but it was not possible due to competing priorities. Post DIP implementation activities and coordination to ensure proper communication and strengthen management required more time than originally planned.

A QIVC checklist to ensure training quality has been used in some key trainings (first technical training and gender training in Mexicali and Tijuana).

### ***Monitoring and Improvement of Staff Capacity***

<b>Expected</b>	<b>Status</b>	<b>Facilitators</b>	<b>Barriers</b>	<b>Comments</b>
Initial training on M&E for SOL TB staff	Completed: training of 32 <i>promotoras/es</i> on reporting and quality of data completed	Training scheduled during initial and follow-up training for <i>promotoras</i>	None	Team committed to accuracy of information based on participant feedback at last management meeting and <i>promotora/es</i> meetings.
Information/indicators	Information shared on preliminary data. No impact indicator data on cohorts available yet.	ISESALUD has a strong data-base system and, EPI TB facilitates analysis of indicators	Sharing of information with outside agent (PCI) is not allowable. Only ISESALUD staff can make such request internally.	ISESALUD staff commits 20-30% of managers' time to the project; some times it is not sufficient to complete all required tasks in addition to

				regular workload outside SOLUCION TB
Dialogue with team members	3 meetings completed; between PCI's IO and state and jurisdiction managers were conducted.	International office located near project site (2.5 hour drive from Mexicali, 20 min drive from TJ)	Scheduling of activities on already demanding schedules proved difficult	Understanding of mutual goals and needs achieved. Understanding and commitment to reporting requirements achieved.

Initial training for *promotora/es* on data and reporting requirements was completed as part of the initial training provided by ISESALUD staff. *Promotoras* fill out weekly reporting forms indicating progress of activities with patients. Refresher training will be conducted in Year 2, and will be adapted according to the analysis of adherence report, yet to be produced. Jurisdiction and PCI managers meet with *promotoras* once a month (once per week for community-based PCI *promotoras*), or more often if needed. *Promotora/es* met twice last year as a full group to share information and identify lessons learned. The first meeting included technical presentations on quality of service and a copy of the quality manual was shared with each promoter/a. Adult learning/participatory methodology allowed for participants to work in groups and come up with a definition of quality that was further developed by the training facilitator. Role playing exercises were used to point out 'good' and 'not good' quality of service examples with participants. *Promotoras/es* analyzed QIVCs and made recommendations/suggestion. Dr. Paris Cerecer presented information on TB data and epidemiological status of TB in Baja California, as well as impact and quality indicators from ISESALUD.

The adequacy of the *promotora/es*' supplies, pharmaceuticals, and equipment is being assessed during the quality circle meetings and during regular meetings. Two quality circle meetings have been facilitated in Year One, one in Mexicali and one in Tijuana. Recommendations to: a) provide *promotoras/es* with official ID cards (already provided) to facilitate community work; b) expand physical space for TB work at health clinic (not possible given existing infrastructure and needs outside TB) are two examples of recommendations emerging from quality circles.

### ***Quality Assurance and Program Improvement***

<b>Expected</b>	<b>Status</b>	<b>Facilitators</b>	<b>Barriers</b>	<b>Comments</b>
4 quality circle meetings	2 completed; 6 and 7 participants each.	1 meeting in Mexicali, 1 meeting in Tijuana to facilitate attendance	Scheduling meetings and the introduction of a new concept and tool took more time than expected	<i>Promotoras/es</i> learned about quality during 'encuentros'; Introduction to

				quality circle was conducted during the first meeting.
1 quality manual produced	Completed	PCI's prior experience in quality circle and quality assurance methodology	Learning curve. Quality assessment is a difficult concept to understand for individuals not used to this language.	A copy of manual submitted with DIP. Distributed to all promotora/es and staff
Assessment of training quality	On-going	Promotoras evaluate quality of training sessions as appropriate and make recommendations for the improvement of future trainings	No barriers to report except tool not being available at all meetings	Need to emphasize importance at next management meeting

A Quality Improvement manual has been finalized and shared with relevant staff and DOTS workers. Curricula based on the Mexican technical norms for TB and DOTS have been developed and used to train project staff. Two supervisory QIVC for trainings and service delivery have been designed and are being used by project staff. Performance standards and QIVC were shared with DOTS workers at the first meeting/*encuentro* as described earlier in this document.

### ***Special Studies of High Risk Groups***

<b>Expected</b>	<b>Status</b>	<b>Facilitators</b>	<b>Barriers</b>	<b>Comments</b>
Formative research for substance abuse center providers	Completed- in-depth interview with a handful of substance abuse staff members as part of overall formative research study in March/April 05	ISESALUD's support in recruitment efforts was key.	Difficult to recruit appropriate staff to be available for evaluation/assessment interviews	Not sufficient information on key barriers for substance-abuse rehabilitation patients obtained. Additional formative research from the patient's perspective is being carried out. (see below)
Additional formative	In progress	ISESALUD's support in	Difficulty in recruiting substance	Analysis and report to be

research for substance abuse and comparison groups		recruitment efforts is key. ISESALUD staff participated in evaluation design.	abuse patients who did not complete treatment.	completed by November/05.
Intervention design discussed and agreed upon	Completed	PCI and ISESALUD staff have agreed on model design for these patients at rehab center	Understanding the best model required agreement between management and operational aspects of TB control	To begin in Year Two

## V. Management System

The staff at PCI /IO play an important role in this project's monitoring and oversight. The Vice President for Technical Services and Program Development, Janine Schooley, provides strategic guidance and serves as the technical backstop for this project. PCI's M&E unit also ensures programmatic quality and accountability. A bilingual Regional Desk Officer (RDO) based at IO supports the Project Director and coordinates support as needed from the Finance, Human Resources, Information Technology Departments. This allows for well-coordinated assistance to the SOLUCION TB Team in terms of technical, administrative, program development and monitoring support.

SOLUCION TB's core Management Team consists of PCI and ISESALUD managers and coordinators who oversee project implementation and operation. A group of 39 Community Health Workers complement the SOLUCION TB team in the field, providing direct services to TB patients. SOLUCION TB has enjoyed the full support of ISESALUD's leadership in BC. The following staff in particular are providing top-level management and oversight on behalf of ISESALUD: Dr. Sergio Tolento, ISESALUD's Director of Health Services, Dr. Carlos Alberto Delgado, Chief, Prevention Department and Dr. Ma. Guadalupe Félix, Director of the BC State Program for Prevention and Control of Tuberculosis. Dr. Delgado and Dr. Felix also provided extensive input during the preparation of the DIP, and coordinate strategic involvement of TB and HIV/AIDS staff from ISESALUD in the project.

## VI. Conclusion

In October 2005, SOLUCION TB staff carried out an opinion survey to assess perspective on project progress and recommendations on ways to improve in the coming years. A total of 25 surveys were completed by SOLUCION TB *promotoras/es* and all members of the Management Team. Two group discussions were facilitated with *promotora/es* in Tijuana and Mexicali by a SOLUCION TB staff member. Survey transcripts and group discussion results were analyzed by

an external evaluator who develop a report (see attachment B).

Survey results indicate that the Management Team perceives progress being made and points to the following achievements:

- Increased enrollment of patients under the DOTS scheme, from entry to treatment completion.
- The integration of a qualified group of DOTS promoters into the ISESALUD system.
- Increased political support achieved for the coordination of efforts in order to develop this project.

Among the team of *promotora/es*, some relevant achievements identified were:

- Promoters (men and women) are better trained now.
- There is improved follow-up and a closer relationship with patients.
- There has been more promotion for the detection of cases.
- More commitment by patients is observed.
- Resources to the program have been allocated, such as vehicles that facilitate the community promoters' work because coverage of visits is enlarged.
- They also identify, without providing quantitative data, that treatment abandonment has declined and the number of bacilloscopies per month has increased.

In terms of recommendations for improvement, project staff indicate the following:

- The need to document and produce results that are well evaluated and communicated in a timely manner.
- The need to identify and provide services to those who are most vulnerable.
- The need to stay 'on course' and not deviate from the project's goals and direction.
- A key aspect for success is the achievement of effective and timely coordination between the health jurisdictions of Tijuana and Mexicali.

In summary, all team members agree that after one year of project operations, there is a highly motivated, committed and enthusiastic team implementing the SOLUCION TB program. They all expressed their confidence in the project's goals and activities, and feel that they are doing the right thing, the right way, and achieving intended results, with more resources and better training.

# **Child Survival and Health Grants Program Project Summary**

**Nov-09-2005**

## **Project Concern International (Mexico)**

### **General Project Information:**

**Cooperative Agreement Number:** GHS-A-00-04-00013-0  
**Project Grant Cycle:** 20  
**Project Dates:** (9/30/2004 - 9/29/2008)  
**Project Type:** Standard

**PCI HQ Backstop:** Linda Morales

### **Field Program Manager Information:**

**Name:** Blanca Lomeli  
**Address:** 5151 Murphy Canyon Road  
San Diego , CA 92123  
**Phone:** 619-791-2603  
**Fax:** 619-791-2600  
**E-mail:** blomeli@projectconcern.org

### **Alternate Field Contact:**

**Name:** Maria Guadalupe Felix Herrera  
**Address:** Mexicali , Baja California  
**Phone:**  
**Fax:**  
**E-mail:** bacilotb@hotmail.com

### **Funding Information:**

**USAID Funding:(US \$):** \$1,500,000

**PVO match:(US \$)** \$531,400

### **Project Information:**

**Description:**



The project goal is to decrease TB morbidity and mortality by expanding implementation of community-based prevention control efforts.

There will be an expanded DOTS program in partnership with ISESALUD and the creation of a demonstration model and strategy. The project will dedicate 100% of its resources to improving TB control and prevention.

**Project Partners:**

ISESALUD

**General Strategies Planned:**

Advocacy on Health Policy

Strengthen Decentralized Health System

**M&E Assessment Strategies:**

Organizational Capacity Assessment with Local Partners

Community-based Monitoring Techniques

Participatory Evaluation Techniques (for mid-term or final evaluation)

**Behavior Change & Communication (BCC) Strategies:**

Interpersonal Communication

Peer Communication

Support Groups

**Groups targeted for Capacity Building:**

<b>PVO</b>	<b>Non-Govt Partners</b>	<b>Other Private Sector</b>	<b>Govt</b>	<b>Community</b>
US HQ (CS unit) Field Office HQ CS Project Team	Local NGO	Private Providers	Dist. Health System Health Facility Staff	Health CBOs CHWs

**Interventions/Program Components:**

## Tuberculosis (100 %)

(CHW Training)

(HF Training)

- Facility based treatment/DOT
- Monitoring/Supervision Surveillance
- Advocacy/Policy
- Linkages with HIV services
- Community based care/DOT

### Target Beneficiaries:

Number of Suspected TB Cases:	1,190
Population of Target Area:	2,506,783

### Rapid Catch Indicators:

Indicator	Numerator	Denominator	Percentage	Confidence Interval
Percentage of children age 0-23 months who are underweight (-2 SD from the median weight-for-age, according to the WHO/NCHS reference population)	0	0	0.0%	0.0
Percentage of children age 0-23 months who were born at least 24 months after the previous surviving child	0	0	0.0%	0.0
Percentage of children age 0-23 months whose births were attended by skilled health personnel	0	0	0.0%	0.0
Percentage of mothers of children age 0-23 months who received at least two tetanus toxoid injections before the birth of their youngest child	0	0	0.0%	0.0
Percentage of infants age 0-5 months who were exclusively breastfed in the last 24 hours	0	0	0.0%	0.0

Percentage of infants age 6-9 months receiving breastmilk and complementary foods	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
Percentage of children age 12-23 months who are fully vaccinated (against the five vaccine-preventable diseases) before the first birthday	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
Percentage of children age 12-23 months who received a measles vaccine	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
Percentage of children age 0-23 months who slept under an insecticide-treated bednet the previous night (in malaria-risk areas only)	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
Percentage of mothers who know at least two signs of childhood illness that indicate the need for treatment	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
Percentage of sick children age 0-23 months who received increased fluids and continued feeding during an illness in the past two weeks	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
Percentage of mothers of children age 0-23 months who cite at least two known ways of reducing the risk of HIV infection	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
Percentage of mothers of children age 0-23 months who wash their hands with soap/ash before food preparation, before feeding children, after defecation, and after attending to a child who has defecated	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
Percentage of new smear positive cases who were successfully treated	<b>0</b>	<b>131</b>	<b>0.0%</b>	<b>0.0</b>

## Comments for Rapid Catch Indicator

No treatment success data is available until a full cohort is conducted and results are analyzed in the first six months of fiscal year 2006.

TB Indicator			
Indicator	Numerator	Denominator	Estimated Percentage
% of new smear positive cases who were successfully treated	0	0	0.0

## Attachment B



**FIRST YEAR PROGRESS OPINION SURVEYS ANALYSIS  
EVALUATION REPORT  
October 21, 2005**

**Introduction**

Within the *TB SOLUCION* project (Strengthening of Community Networks for the Scope and Control of Tuberculosis) developed by Project Concern International in collaboration with the Baja California Health Institute and which main purpose is to decrease tuberculosis morbidity and mortality (TB) through the fostering and improvement of prevention, detection, diagnose, treatment, follow-up and control processes at community level, an evaluation was carried out one year after the date when the project started operating in order to think about its achievements and strengths and the challenges and areas of opportunity stated by the project. The project initiated on October 1<sup>st</sup> 2004, and it will conclude on September 30, 2008.

This report presents the analysis of 25 interviews and two group discussions (in Tijuana and Mexicali) held in October 2005, to assess the progress that the *SOLUCION TB* Project has achieved to date. The information shows the perspective of the DOTS promoters and supervisors (men and women) who have participated in the program as well as that of the managing team that coordinates the project in the jurisdiction of Health in Mexicali and Tijuana and the managing team of Project Concern International.

This document presents a general analysis of evaluated aspects, from the project members' perspectives. This report points out some differences between both participating cities. Some conclusions will be submitted as recommendations in order to strengthen the program at short and medium term.

## Attachment B

***Regarding the experience of people involved in the design and development of the project is observed:***

- In Mexicali, all promoters started working one year ago, by invitation of the jurisdiction and their introduction took place through training sessions to get acquainted with the project.
- In Tijuana the process of promoters' incorporation took place through a social organization, Medicina Social Comunitaria (MSC), and the promoters are well trained and have an experience of more than 10 years.
- The managing team has been involved from the project design and their constituents are part of the government body, the direct responsible for the taking care of this problem; likewise, they have been experts of the social agency from more than 10 years, who have developed several projects for the attention of TB at the Northern Border of Mexico.

The objectives are well acknowledged by all the groups interviewed.

- All promoters, women and men of Tijuana and Mexicali, express that the project objectives are to heal patients, to submit them to follow-up so that they do not quit their treatment, to achieve the goal that at least 85% of the patients complete their treatment and to warn relatives in order to decrease TB incidence in population.
- Promoters acknowledge the significance of their work and the project objectives are very clear for them.
- The managing team also agrees with the same objectives, stating that the final goal is to decrease morbidity and mortality by increasing the treatment completion's success also adding the goal to design a DOTS model that may be replicated in other places.
- The managing team actually acknowledges that treatment success will be the result of the promoters' direct supervision of patients.

## Attachment B

***From several perspectives the elements constituting the SOLUCION TB project are also identified.***

They acknowledge, in both cities, that the elements and components for the project are: the institutions which are developing it, ISSESALUD and PCI, and also mention that the DOTS promoters' work and the sufficiency and availability of medicines are key factors for the project's success. In Mexicali, they also highlight that an important factor is the detection of patients and the timely diagnose, related to the availability of laboratories for the analysis of baciloscopies.

The managing team recognizes as key factors, the compliance with the treatment by the patient, health services committed to quality and sustainability, the supply of medicines and inputs for the diagnose, treatment and control of TB as well as an efficient filing system that allows evaluation of the effectiveness of the results and progresses of the project.

We observe that both groups identify different levels that integrate the SOLUCION TB project which may be classified as community factors of managing coordination of the project and external factors such as political will, so that the project continues with the necessary inputs.

The participation of community (patient and family) is emphasized as a key factor for the control of TB.

It is also mentioned that SOLUCION TB represents a new alternative concerning the TB treatment to get a solution for patients healing, trying to achieve 100 percent of healing. More personalized and sensitized attention to patient, so that patient accepts the treatment and fully follows it.

***Among the main achievements of the project, are the following:***

- Promoters (men and women) are better trained now.
- There is an improved follow-up and a closer relationship with patients.
- There has been more promotion for the detection of cases.
- More commitment by patients is observed.

## Attachment B

- The resources to the program have been allocated, such as vehicles that facilitate the community promoters' work because coverage of visits is enlarged.
- They also identify, without providing quantitative data, that treatment quitting has declined and baciloscopies per month have increased.

As far as they are concerned, the managing team identifies as the main achievements:

- The increase of patients under the DOTS scheme, their adherence up to treatment completion.
- The integration of a qualified group of DOTS promoters, and
- The political support achieved for the coordination of efforts in order to develop this project.

In general, most individuals interviewed optimistically and with great confidence they believe in the success of the program, particularly identifying that the project has been properly developed and they express that there is a good coordination between health staff and project coordinators; nevertheless, they still observe some difficulties, such as:

In order to convince the patient to follow the treatment, a lot of patience is required in order to sensitize him/her about his/her problem.

The lack of transportation and the difficult access to patients' homes is still the most difficult problem to make interviews.

The lack of available areas in the health centers in order to attend patients with privacy has been a problem to improve attention.

And the managing team expresses that there are some difficulties in the coordination and scheduling of the promoters training meetings, in the organization of visits to patients and their assignment to promoters according to their addresses, so as not to ask them to work in too long routes, but they state that this is being solved within a frame of respect and collaboration and with the intention to make agile the project development.



## Attachment B

A problem of logistic support is the lack of telephone lines exclusively assigned to the TB program.

***With respect to the 3 results that the project intends to achieve, to wit:***

1. Community DOTS model, implemented.
2. To improve and sustain the political commitment for the support of the TB control program, and
3. To ensure the quality teaching of the DOTS strategy in medicine schools.

In general, all persons interviewed state that the area promising more achievements is the community area through the development of an implemented DOTS model, since the efforts have been directed to create a team of qualified promoters and this represents the biggest strength of the program and is directly related to a direct benefit for patients and their families.

In the second place, the managing team identifies that the area referring to the political commitment for the support of the TB control program is fundamental for its sustainability.

Between the opportunities identified to strengthen the project, people interviewed identify that the biggest opportunity for the program success comprises the human resources integrating the program, also expressing that an area of opportunity is the political management so that the program is supported, and there are persons with a high ability of interlocution who may obtain the political support required.

Explore possibilities of collaboration with other organizations of the private sector and social to reinforce the work, for example with private clubs of Rotary.

***Likewise, they state that the biggest challenges of this project are:***

Promoters consider that the main challenge are patients, the way to sensitize and convince them to follow their treatment, to attend the medical revisions, and to convince their relatives and friends so that they attend the health center in

## Attachment B

order to cut the transmission chain, as well as the circumstances surrounding the patient, which in lots of cases make difficult the compliance and this would somehow have repercussions in one of the main objectives of the project.

Another identified challenge is the availability of areas to provide an improved attention to patients. They also mention that one challenge is to achieve that physicians provide patients an attention with quality and warmth, without stigma or discrimination for their status as TB sick persons.

The managing team, as far as it is concerned, identifies that one of the main challenges is to have results which are real, properly evaluated, without deviation from any commitment or goal, that they should rather try to identify which is the vulnerable group with more area of opportunity in order to identify/modify the strategy or the group of intervention and not only to modify indicators.

Additionally, they identify that a challenge is to achieve an effective and timely coordination between the Health jurisdictions of Tijuana and Mexicali. It seems that the work pace and the achievement of goals between the Health jurisdictions are different and, sometimes, it is not possible harmonically solve conflicts and achieve common work goals with authorities so that it is both, acknowledged and supported.

To clearly state the positions of the different parties involved in the decision making process.

They also mention that the TB SOLUCION project, unlike the others, has more visibility with the authorities at central level and local parties; therefore, special attention must be put so as to prevent provoking conflicts which turn to be problems.

At the same time, the managing team acknowledges that among the main strategies it has identified are: to achieve an improved coordination, communication to achieve a timely and assertive decision making, standing out specifically:

## Attachment B

The management meetings and the sessions with DOTS promoters-workers have made it possible to achieve an improved communication and understanding of project.

The development of scheduled activities with measurable objectives has been an strategy which has allowed making progress and this way all teams are clearly certain of the goals to achieve.

The improvement in communication between the managing team and the DOTS promoters (men and women) has been essential. It has been fundamental to increase confidence, to clarify roles from the beginning, to speak openly about the limits and the prevention of potential 'conflicts'.

Treat things with politeness and respect and to follow-up commitments and roles. To understand the times and availability of each of the parties and members of the managing team has also been very helpful. Above all, to acknowledge the high commitment of all the members of the team (men and women) is the first step, highly important and necessary. The internal dialogue and the emphasis on communication quality and implementation are mechanisms to control and prevent conflicts.

It is taken into consideration the significance of the close follow-up of patients to identify the causes of non-compliance as well as the consideration of the involved concomitant problems (drogue abuse, lack of knowledge of their illness, scarce family support) surrounding the patient and the analysis of the contributions to be made in order to have an improved control.

Another strategy has been to provide support with external resources to the program whenever necessary, in order to make agile the development thereof.

***In order to ensure, specifically, an improved coordination between a non-governmental organization (PCI) and a government body (ISESALUD), it has been acknowledged that***

It is worth distinguishing the policies and dynamic managed in each of them, so that actions take place within the context of each of them, in order to support project development. The working times, resources and availability are different

## Attachment B

in both cases; to understand differences with the same commitment and sense of responsibility has been fundamental.

It is also suggested to have a detailed implementation plan duly agreed upon all parties involved in order to advance on the same working line.

***In relation to the participation of private physicians, it is suggested***

To develop an assertive strategy for the sensitization on the prevailing problematic and the importance and benefit of the required coordination with the health sector institutions in order to channel patients.

To look for forums and opportunities of training for the proper development of diagnose, treatment and follow-up of cases with tuberculosis. During this year, which is the first one of the project, we already had the experience of a first contact with the physicians of the city of Tijuana and there was a good response, physicians were very interested and motivated with the project for the distribution of key materials and the follow-up of patients in order to overcome this health problem.

Specifically, to improve the political commitment and reinforce the actions to support prevention, control and treatment of TB, it is suggested to inform about the status of illness and to accurately and clearly request the financial, legal support and the political will required to advance in the solution of this problem, in general, and to support this program, in particular.

It has been mentioned that the significance of this health problem must be clear for society, as well as the high risk factors that particularly represent the patients who quit the treatment and mainly those multi-treated and drug-resistant.

## CONCLUSIONS

From the different perspectives analyzed, the following statements and lines of action are submitted as conclusions, which may be taken into account for future stages of development of the SOLUCION TB project.

1. It is noted that during this first year of project's operation, the perception of the participants interviewed is the commitment, motivation and enthusiasm towards the project.  
They acknowledge that they are operating in a work team, that it has been a one year process, struggling to strengthen communication channels, collaboration and negotiation, truly enriched, which has not been easy, but they all express their confidence on that they are doing the right thing on the right way, by achieving the proposed objectives, with more material and human resources, in view of the acquisition of vehicles and trained promoters and that there have been progresses in the treatment and control of this illness, which has implied lots of efforts and that they have to redouble them still more to achieve the proposal's goal.
2. In the development of this project it has been recognized the importance to have, socialize and agree on an implementation plan that clearly and accurately defines the organization and management of resources, human, material and financial, with clear goals to be achieved and differentiated strategies divided into regions, at long term, for the effective control of TB; it has also been acknowledged that the effective collaboration is fundamental to sum up efforts between the governmental and non-governmental organizations.
3. A statement expressed by the different sectors interviewed was the change of perspective from the beginning of the project compared to the one year later, where the significance of the community participation, on a trained and jointly and severally basis is required in order to control the

## Attachment B

TB problem, rather than only waiting for a solution by the government authorities.

4. They also commented that for the solution of the increasing incidence of TB in the state of Baja California the collaboration and inter-institutional communication with other public and private sectors are to be reinforced. The experience with private physicians has shown a good starting, but these processes need to be strengthened even more through strategies of information, periodical diffusion of the progresses achieved and the results of the project.
5. It has also been acknowledged that, for an effective process of detection, diagnose, treatment, follow-up and control of TB, efforts at all levels are to be kept in order to get more human and financial resources to control TB, being the main target to interrupt the transmission chain.
6. As key success factors identified by them are the timely diagnose and the correct application of treatment. It is manifested that the distribution, access to medicaments and laboratory tests still represent a challenge particularly, it was said, that contact surveys in the field are to be strengthen, the ability of laboratories response for the baciloscopies is to be increased and cultures to make treatments more effective are to be developed.
7. To continue with the training of health centers staff in order to increase quality and warmth to attend patients and to strengthen DOTS strategy with voluntary health promoters (men and women), better prepared and equipped for the attention at home and to decrease the cases of treatment quitting.
8. The community participation as well as the political perspective are fundamental factors to strengthen the project. It has been repeatedly mentioned the significance of the timely report to the authorities so that the results of the project are known, based on a properly systematized information, with impact indicators that sensitize them about the

## Attachment B

importance of this problem, allowing the well informed design of assertive strategies and decision making. It was also expressed the significance to keep the general population informed about this illness in order to increase participation and support in the prevention and control of TB.

9. They are still considering that among the main challenges to overcome is to convince patients to continue and complete their treatment with success and to provide services with increasing quality and warmth and a dignified treatment to patients; therefore, private and properly well outfitted areas for they attention would be the course to follow for future stages. Another challenge is and will be, as the case may be, the measurement with good impact indicators of the projects' achievements.
10. The general perception is that "DOTS is the strategy", which is acknowledged as such, and the persons interviewed consider themselves as participants and jointly and severally responsible and feel very optimistic towards the project development.

## Timeline of Activities for FY06

Three IRs and nine LLRs have been identified to achieve the strategic objective. Activities for each IR and LLR are described in the tables below.

### IR1: The “SOLUCION TB” Model Implemented in the Departments of Mexicali and Tijuana in Baja California

Level	Activity	Time Frame	Personnel
<u>Community</u>	Daily or thrice weekly visits for new TB cases	Ongoing	Promotora/es
<u>Health Facility</u>	Daily or thrice weekly visits for new TB cases	Ongoing	Same as above
	Monthly reports to Jurisdiction		DOTS workers, clinic directors
<u>Jurisdiction</u>	Patient selection and assignment	Ongoing	Jurisdiction-level managers

### LLR 1.1: Community-Based Promoter System to Increase Direct Observation of Treatment (DOT) for TB Patients Improved and Expanded

Level	Activity	Time Frame	Personnel
<u>Community</u>	TB therapy observed for all participating patients	Ongoing	Promotora/es; community coordinator
<u>Health Facility</u>	Facilitation regularized supportive supervision and TB control	Beginning Q1 Year 2	SOLUCION TB Coordinators, Health directors, physicians in charge
<u>Jurisdiction</u>	Patient selection and assignment	Ongoing	Jurisdiction managers
	Refresher training of staff on TB management and control	Q2	<i>SOLUCION TB</i> Management Team
	Training of <i>promotora/es</i> on QIVC tools & training of supervisors	Refresher trainings Q3 each year	<i>SOLUCION</i> Management Team and IO staff
	Quarterly Quality Circles and coordination between PCI and ISESALUD	Quarterly	Same as above
	Monthly monitoring/supervision visits	Beginning Q1, monthly	<i>SOLUCION TB</i> staff and DOTS workers



	Bi-annual 'forums' for promotoras from both jurisdictions/training and motivation	Q2 and Q4	SOLUCION TB staff
--	---	-----------	-------------------

<b>LLR1.2: Effective Strategies for Reaching Marginalized, High-Risk Target Groups (PLWHAs, Substance Abusers) Developed and Implemented</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<u><b>Community</b></u>	Selection of 2 Rehabilitation Centers	Q1	PCI and ISESALUD
	Completed analysis of 24 key informant interviews	Q1	PCI and ISESALUD
	DOT services provided through selected centers	Ongoing	Center or SOLUCION TB staff
<u><b>Health Facility</b></u>	Medical follow-up as required	Ongoing	Health clinic physicians
<u><b>Jurisdiction</b></u>	NGO patient selection and assignment of 3 groups (2 in Tijuana and 1 in Mexicali)	Ongoing	SOLUCION TB Management Team

<b>LLR1.3: Capacity of Laboratories to Conduct Procedures Improved</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<u><b>Community</b></u>	Referral of contacts to health clinic	Ongoing	SOLUCION TB Promotora/es and DOTS workers
<u><b>Health Facility</b></u>	Process adequate contact control	Ongoing	Physicians, clinic staff
<u><b>Jurisdiction</b></u>	BKP for TB patients and contacts	Ongoing	SOLUCION TB Lab Technician hired Q1; rest of BKPs processed by ISESALUD techs.

<b>LLR1.4: Organizational Information and Communication Systems for DOTS Improved and Expanded</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<u><b>Community</b></u>	No additional activities planned		
<u><b>Health Facility</b></u>	No additional activities planned		
<u><b>Jurisdiction</b></u>	Utilization of internet-based system for information and	Ongoing	SOLUCION TB Management Team, IO and

	report sharing		ISESALUD key staff
	Adequate and timely communication via email	Ongoing	<i>SOLUCION TB</i> Management Team

<b>IR2: Political Commitment for National and State TB Control Program Improved and Sustained</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<u><b>Community</b></u>	Enhance community support for TB control through 2 rehab centers	Beginning Q1 and ongoing	<i>SOLUCION TB</i> Management Team
<u><b>Health Facility</b></u>	Increase physicians' awareness of TB control activities via annual update seminar/forum/communique	Q3	ISESALUD and PCI staff
<u><b>Jurisdiction</b></u>	Meetings and contacts with legislators and decision-makers	Q2 and ongoing	<i>SOLUCION TB</i> Management Team

<b>LLR2.1: SOLUCION TB Model Strategy Approaches, Tools and Results Documented and Effectively Shared.</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<u><b>Community</b></u>	Medical associations to host and/or support seminars	Q1 and 3	<i>SOLUCION TB</i> management team
	Enhance social support for TB control activities via social service clubs	Q2 and ongoing	<i>SOLUCION TB</i> Management Team
<u><b>Health Facility</b></u>	Selected Health Clinic staff to participate in seminars	Ongoing	ISESALUD staff
<u><b>Jurisdiction</b></u>	Plan, coordinate and implement TB seminars	Q1 and Q4	<i>SOLUCION TB</i> Management Team
	Tool kit and materials distributed	Q1 and Q4	Same as above

<b>LLR3.1: Dialog about Improving TB Policy Increased</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<u><b>Community</b></u>	NGO partners to participate in key informant interviews	Q1	Selected NGO partners and staff

<b><u>Health Facility</u></b>	Update key clinic staff on <i>SOLUCION TB</i> progress, TB status and control	Q2	<i>SOLUCION TB</i> Management Team
<b><u>Jurisdiction</u></b>	<i>SOLUCION TB</i> staff to produce advocacy plan	Q2	<i>SOLUCION TB</i> Management Team
	Facts sheet produced for advocacy activities	Q1	<i>SOLUCION TB</i> Management Team

<b>IR3: Quality Utilization of TB DOTS Components of Existing Local Medical School Curriculum Increased</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<b><u>Community</u></b>	DOTS strategy promoted in medical schools through the coordination of seminars	Q2	<i>SOLUCION TB</i> Management Team
<b><u>Health Facility</u></b>	No activities planned		
<b><u>Jurisdiction</u></b>	3 training plans per university (6 total) developed to ensure enhancement of DOTS training	Q2 and Q4	<i>SOLUCION TB</i> Management Team

<b>LLR3.1: Increased Participation of medical school faculty in SOLUCION TB Events</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<b><u>Community</u></b>	No activities planned		
<b><u>Health Facility</u></b>	No activities planned		
<b><u>Jurisdiction</u></b>	Meetings with medical school directors to promote DOTS	Q2	<i>SOLUCION TB</i> Management Team
	2 faculty per university participating in TB seminars	Q2 and Q3	Medical School Faculty

<b>LLR3.2: Number of Students Participating in Hands-On DOTS Field Work Increased.</b>			
<b>Level</b>	<b>Activity</b>	<b>Time Frame</b>	<b>Personnel</b>
<b><u>Community</u></b>	Familiarize students w/ DOTS strategy via seminars held in each city	Q2 and Q3	<i>SOLUCION TB</i> Management Team
<b><u>Health Facility</u></b>	Familiarize students with DOTS strategy at clinic level; 2 different clinics/per jurisdiction to receive visits from students each year	Q2, and ongoing	<i>SOLUCION TB</i> Management Team

<b><u>Jurisdiction</u></b>	Familiarize social service students (medical school residents) with DOTS strategy at jurisdiction level	Q2 and ongoing	<i>SOLUCION TB</i> Management Team
----------------------------	---	----------------	---------------------------------------